



Incorporated Under New York State Education Law

P.O. Box 234

4950 Route 22, Suite 8

Amenia, New York 12501

## CERTIFIED APPLICATION

Please realize that we do not know you and can only judge your application on the information you submit.

**I. Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: Evening \_\_\_\_\_

Telephone #: Daytime \_\_\_\_\_

E-mail (if applicable) \_\_\_\_\_

*Note: Unless otherwise indicated, upon your acceptance as an Academy member, your home telephone number and your e-mail address will be published in the Academy Directory.*

**II. Academic History (Begin with Highest Degree)**

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Other credits \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. Orton-Gillingham Training**

**ASSOCIATE LEVEL:**

**Course work, total hours** \_\_\_\_\_  
based on the Academy's curriculum at the Associate level.

**Supervised practicum, total hours** \_\_\_\_\_  
based on the Academy's guidelines at the Associate level.

Principal trainer \_\_\_\_\_

Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

from (date training program began) \_\_\_\_\_

to (date program completed) \_\_\_\_\_

**CERTIFIED LEVEL:**

**Course work, total hours** \_\_\_\_\_  
based on the Academy's curriculum at the Certified level.

**Supervised practicum, total hours** \_\_\_\_\_  
based on the Academy's guidelines at the Certified level.

Principal trainer \_\_\_\_\_

Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

from (date training program began) \_\_\_\_\_

to (date program completed) \_\_\_\_\_

**IV. Related Training --programs derived from Orton-Gillingham, such as: Alphabetic Phonics, Herman, Project Read (Enfield & Greene), Slingerland, Spalding, Wilson, and others.**

<b>Program</b>	<b>Hours</b>	<b>Dates</b>
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V. **Conferences/Workshops.** Please **include dates.** Use a separate sheet if necessary.

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**VI. Orton-Gillingham Experience**

List current supervising Fellow/AOGPE \_\_\_\_\_

List work as an Orton-Gillingham practitioner: Years \_\_\_\_\_ Months \_\_\_\_\_

Setting (including number of times per week, e.g., 2-5 times)

**Dates**

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Number of students (1:1) \_\_\_\_\_ Age range \_\_\_\_\_

If you have worked with small groups, how many small groups \_\_\_\_\_

How many in a group at one time \_\_\_\_\_ Age range \_\_\_\_\_

**VII. Complete vita.**

**VIII. Brief statement including** any additional information which might support your application.

**IX. Two Complete Orton-Gillingham Lesson Plans (1:1), with profiles,** that you have taught and that are appropriate for two different students at different stages of language remediation. Because an effective Orton-Gillingham lesson is individualized and based on the specific needs of each learner, please accompany each lesson with a profile of the learner.

Each **Profile includes:**

- a personal description of the learner, including age
- information about the learner's cognitive functioning,
- information about the learner's academic achievement, including grade
- a sequence of Orton-Gillingham elements **and** approximate number of lessons taught prior to lesson submitted,
- the scheduled length in minutes of each lesson **and** scheduled frequency of lessons.

**Lesson plans** state a clear teaching objective based on the specific needs of the learner described in the profile and:

- are detailed, specific, and prescriptive,
- include specific phonemes, graphemes, words, and sentences,
- explain how you teach each section of the lesson,
- include accompanying student written work from **this** lesson (not a workbook page).
- Please date the lesson **and** number it in the series of lessons for this student.

**X. Letters of support** from two persons who (1) are experienced **Orton-Gillingham** practitioners or educators, and (2) are directly familiar with your work as an Orton-Gillingham practitioner are required. One letter must be from your principal trainer. A support letter must use the **required form** the Academy provides for this purpose. The required form can be downloaded from the Academy's website or obtained from the Academy's office. Those providing support letters should personally send them directly to the Academy. It is the applicant's responsibility to see that the required forms are used and are received by the Academy office no later than the deadline.

The Academy should expect to receive recommendation forms from:

1) \_\_\_\_\_  
Last Name                                      First Name                                      Address

2) \_\_\_\_\_  
Last Name                                      First Name                                      Address

**Certified Member initial application fee:     \$275 (includes \$70 non-refundable fee)**

**Be sure to submit:**

- ~ **The Original application together with a copy of ALL supporting documentation.**
- ~ **Plus eleven (11) complete copies of the application and ALL supporting documentation.**  
(This totals 12 complete copies -- the original and 11 copies). The Academy suggests you make an extra copy to keep for your records, as none of the material you submit can be returned.
- ~ **Application fee payable to the Academy of Orton-Gillingham Practitioners and Educators.**

**MATERIALS SUBMITTED TO THE ACADEMY WILL NOT BE RETURNED.**